

## **TEMPORARY EMPLOYEE AGREEMENT**

Full-Time Part-	-Time Benefits		
Employee Name:			
Employee Email:	Employee Phone Number:		
Project Name:			
Supervisor Name:			
Work Location:		*Part-Time	**Full-Tim
Temporary Position:			
Pay Rate:	Hiring Date:	End Date:	
periords are semi-monthly and all p temporary emplyment position volu	eligible for benefits. Overtime must be a payments to employees will be by check untarily and you are free to resign at any Research & Development Corporation or no reason.	k or electronic funds. You are y time and for any reason or	e entering this no reason at al
		Date:	
APPROVALS Reporting Supervisor:			
Assistant Program Director:		Date:	
Dean/Director:		Date:	
		Date:	
Vice President/Provost Office:		Date:	
		Date:	
		Date:	
Director of Payroll Benefits:		Date:	
•		Date:	